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IMPORTANT FAX DOCUMENT

DATE September 19, 2006
NAME Examiner Djenane M. Bayard
COMPANY U.S. Patent and Trademark Office – Group Art Unit 2141
YOUR REF NO. 10/611,360
FAX NUMBER 571-273-8300

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FROM Jason Jackson – Registration No. 56,733
OUR REFERENCE NO. 03224.0003U1
OUR FAX NUMBER 678-420-9301
NUMBER OF PAGES 8

Please see attached:

1. Transmittal Letter (2 pages)
2. Notice of Appeal (2 pages)
3. Request for Extension of Time (2 pages)
4. Credit Card Payment Form PTO-2038 in the amount of \$760.00 (1 page)

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SEP 19 2006

ATTORNEY DOCKET NO. 03224.0003U1
PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Gaydos, <i>et al.</i>)	Art Unit: 2141
)	
Application No. 10/611,360)	Examiner: Djenane M. Bayard
)	
Filing Date: June 30, 2003)	Confirmation No. 2659
)	
For: "METHOD, APPARATUS, AND)	
SYSTEM FOR ASYMMETRICALLY)	
HANDLING CONTENT REQUESTS)	
AND CONTENT DELIVERY")	

TRANSMITTAL LETTER

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

September 19, 2006

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Notice of Appeal	<input checked="" type="checkbox"/>	Request for Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims					X \$50.00		\$
Independent Claims					X \$200.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00		\$
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>		\$1020.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$510.00
TOTAL FEE DUE							\$510.00

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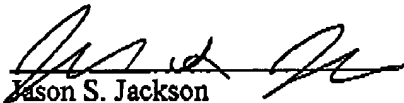
SEP 19 2006

ATTORNEY DOCKET NO. 03224.0003U1
APPLICATION NO. 10/611,360

Payment:

- ☐ A check in the amount of \$ _____ is enclosed.
- ☒ Payment by credit card in the amount of \$760.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ _____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☐ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.


Jason S. Jackson
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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to:
Examiner Djenane M. Bayard, Art Unit 2141, 571-273-8300, on the date indicated below.


Monick Lewis

Date 9/19/06